

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | E.H. | | 11-29-01 |
| O.I.P.E. CLASSIFIER | | 43 | 12/10/01 |
| FORMALITY REVIEW | A.T. | 1071 | 01/04/02 |
| RESPONSE FORMALITY REVIEW | gm | 927 | 05/30/02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
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| 7 | ✓ |
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| 11 | ✓ |
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| 13 | ✓ |
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| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

333
05-20-02
1-20-02
907